Participant must provide all of the information below in English:

	ontact information, include	ling email address, a	and that of its counse	۵۱,
if any:	,	7	C B	(X)
Participant's Name:	Daisy	Pagan	Martin	22
Participant's Address:	61 Calle	Venus	- Ponse P.	R.C
Participant's Email Address:	mm serrar	06409	1a 600. 20	220
Name of Counsel:			9	8
Address of Counsel:				_
Email Address of Counsel:	_			_
2. Participant's C	laim number and the natu	are of Participant's C	Claim:	
Claim Number:	81506		gwie zo si graf	_
Nature of Claim:	Ley de	Romer	a20	i,
By: Daisy Pa	you Morture	3		cont .
Signature d				
Daisy t	agan Mart	mez		
Print Name	1			
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Title (if Participant is r	not an individual)			
11 agost	2021			
Date				

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Participant must provide all of the information below in English:

1. Partic		information, in	cluding emai	l address, and	l that of its	counsel,
Participant's Name:	-	BETTY	S WAI	KER	SPEC S	SP EVE
Participant's Address	s: <u>E</u>	0. BOX 62	24 APA	LACHIC	OLA FI	32329
Participant's Email A	Address:	aurathor	mpson e	Lpl. C	onie	办
Name of Counsel:		NA	N. J.			9
Address of Counsel:	<u>Y</u>	1/A				1 1
Email Address of Co	ounsel:	ILA	oles Da			
2. Partic	ipant's Claim r	umber and the	nature of Part	ticipant's Cla	im:	
Claim Number:		10274	Way.			
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BETTY Print Name	S WALK	ER				
Title (if Partic	cipant is not an	individual)				



CLERK'S OFFICE S.DISTRICT COUR SAN JUAN, PIR

Investment Services, Inc.

P.O. Box 580, Milledgeville, GA 31059-0580

FIRST-CLASS MAIL

ZIP 31061 011E12650881

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	A y	0	À	
Participant's Name:	Ana C. Herna	ndez le	rez	2 E/O
Participant's Address:	Ana C. Herna HCI Box 55	43 mo	ca P.R	0061
Participant's Email Address:			크림(S)	₩
Name of Counsel:	10.		- 282	
Address of Counsel:	9			9
Email Address of Counsel:	-		*	
2. Participant's	Claim number and the natur	re of Participant's	Claim:	
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By: Rna CH Signature	emastel per	3	79.	
Print Name			6	W/
1 Init Ivanic				а
Title (if Participant is	s not an individual)	*		
26 agosto Date	2021			

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United states District Court, Clark & office, 150 auc. Carlos Charlon St. 150, Man Juan, P. R. 00918-1767



Participant must provide all of the information below in English:

	1.	Participant's co	ontact information	i, including email	l address, a	and that of	its co	unsel,
		if any:	0 /		_ /			
Dontin	ipant's	Nama:	Godreau	Guevara	Zuln	na I.		
Partic	ipani s	Name.	14 / 1	Arboleda		(/2)	, 6	2/1/2
Partic	ipant's	Address:	Urbo La	Arboleda	(-)2	423/	7007	<u>a ////</u>
Partic	ipant's	Email Address:	6075	1 BOX 8	14	S S S S S S S S S S S S S S S S S S S	STP	8
Name	of Cou	nsel:				SEE	i	LD.
						523	2	Sa
Addre	ess of C	ounsel:					ćū	
Email	Addre	ss of Counsel:					07	6
	2.	Participant's C	Claim number and	the nature of Par	ticipant's	Claim:		
Claim	Numb	er:						
Natur	e of Cla	aim:						
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	0 2	alma 1.	Gocrean	a bueun	va			
	Print	Name						
	Title	(if Participant is	not an individual)				
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Participant must provide all of the information below in English:

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District Court



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel

if any:
Participant's Name: Genara Garcia Cintron
Participant's Address: 1731 Retama Terrace Lan
Participant's Email Address: Milcano 6 2 26 9 Jahro Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283 - £75
Nature of Claim: By: Signature Mi lag NS R. CAn U Print Name Aughter (assigned guardian by the tale) Title (if Participant is not an individual) El 20 2 1
Date

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Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Geraldo Morales Morales
Participant's Address:	Geraldo Morales Morales 11403 Ivy Flower Loop, Riverview FL
Participant's Email Address:	geraldomr1562@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	2
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-L15
Nature of Claim:	
2).	& Morales
2001	rales Morales
Print Name	
Title (if Participant is	not an individual)
agosto 1	3, 2021



Case:17-03283-LTS Doc#:18027-1 Filed:09/03/21 Entered:09/03/21 12:13:13 Desc Pro se Notices of Participation Page 15 of 46

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Blanca M. Candelas Valderrama
Participant's Address: 1204 Pavia Dr. Apopka, Fla 3270
Participant's Email Address: blanca Candelas a Va hoo, com is
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-2TS
Nature of Claim: Commonwealth of Puerto Rico
By: Blanca M. Cardelas
Signature
Blanca M. Candelas Valderrama Print Name
Title (if Participant is not an individual)
Date 2021

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		- 1		~	23
Participant's Name:	KRISHNIA	GLANA	ATY	021 SE	
Participant's Address:	9 DolpHEN	LANG GAST	T: COPING	16!	NY117
Participant's Email Address:	KRISH 1 (a)	OPTONG	ENE NE	P	80
Name of Counsel:		Condition Section	- ES	ů.	
Address of Counsel:				ထ	and an experience
Email Address of Counsel:		200.25			
2. Participant's Clain	number and the	nature of Particip	ant's Claim:		
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KROSYMA GUSTI Print Name	WARTY				
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Title (if Participant is not	an individual)				
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Mr Krishnareddy Gujavarty
49 Dolphin Ln E
Copiague, NY 11726

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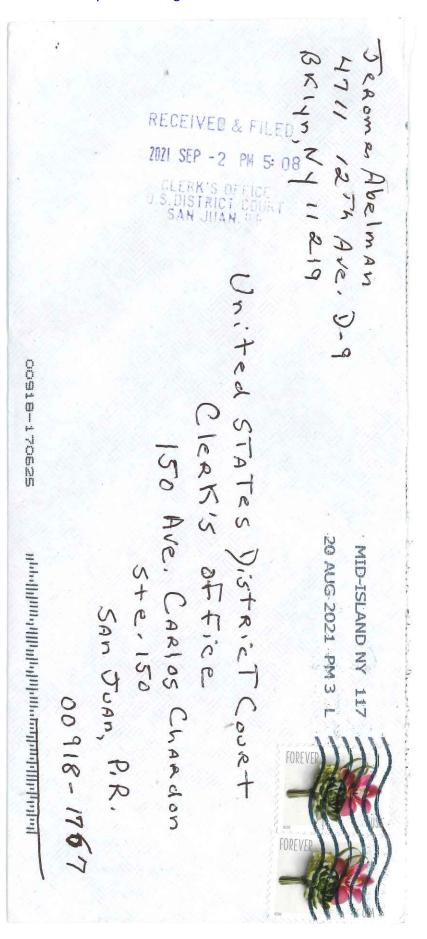
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Participant must provide all of the information below in English:

	1. Participant's contact information, including email address, and that of its counsel, if any:
	Participant's Name: Jerome Albelman
	Participant's Address: 4711 12Th Ave. B'Klyn, Wy 11219
	Participant's Email Address: Jerry Abelm An Omainetticom
	Name of Counsel:
	Address of Counsel:
	Email Address of Counsel:
	2. Participant's Claim number and the nature of Participant's Claim:
	Claim Number:
	Nature of Claim: By: Jeromo aldmans Signature
	JEROME Abelman
	Print Name
	Title (if Participant is not an individual)
	August 19 2021 Date 0
7	<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing

system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: alixa Rivera Gonzalez
Participant's Address: 3034 N Kilbourn ave Chap & 60641
Participant's Email Address: 91 xq 3034 @ yahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK-3284-275
Nature of Claim: Promesa III
By: Wya Kun Lingabz Case
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5 an Juan, P.R. 00918-1767 United States District Court, Clerk's of 150 Que Carlos Chardon Ste. DISCOVERY Notice to courtscheptsoff.

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	1.1	^
Participant's Name:	JEANNETTE	DCicéa
Participant's Address:	Ueb. Son José	#457 Baens
Participant's Email Address:	dovamo 1010 P	small . com & A
Name of Counsel:	1	VED VED VED VED VED VED
Address of Counsel:		
Email Address of Counsel:		2: 02
2. Participant's C	laim number and the nature of Par	ticipant's Claim:
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Nature of Claim:		Hillureita 1
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Osto	20 2021	
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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Gloria V. Lopez Rodriguez
Participant's Address: 3140 Hami Hon Church Ra
Participant's Email Address: Apt. 215 Antoch / 3701
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LTS
Nature of Claim: Promesa Title 111
By: Unia Las
Signature
Gloria V. Lopez Rodriguez
Print Name
Title (if Participant is not an individual)
8/12/2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice



1.

if any:

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:	Ethel Alvarez	, CO	2021	RE
Participant's Address:	Paseo del Monte Md-6 Ba	jamsn	AC.	209
Participant's Email Address:	ethel pypos 37 @ hotmail. com	CARCE S	2	En En
Name of Counsel:	NA	380	åi =	
Address of Counsel:			80	1772
Email Address of Counsel:				
2. Participant's C	Claim number and the nature of Participant's Cl	aim:		
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United States District Court

Clerk's Office 150 Ave. Carlos Chardon Ste San Juan, PR 00918-1767

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.		
Participant's Name:	Ethel Alvarez	56 73
Participant's Address:	Paseo del Monte Mda	Bayamon PR 00
Participant's Email Address:	ethel pupols 370 hotman	U. wm is
Name of Counsel:	None	P
Address of Counsel:	none	00 5
Email Address of Counsel:	none	Y
Claim Number: Nature of Claim: By: Signature	17 BK 3283 - LTS	
Print Name		
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United Status Court 150 Ave Caulos Chardon Ste 150 Son Juan Pre. 00918-1767



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aiiy.				
Participant's Name:	Gladys Lopez Rosa			
Participant's Address:	apt. 946, Santa gladyslopez.rosa@gn	Isabel, F). 8. 00	075
Participant's Email Address	gladyslopez.rosa@gn	nail. com	SEP	
Name of Counsel:		200g	2 0	y' (-
Address of Counsel:		-225	至 三	
Email Address of Counsel:		Special Control of the Control of th	9 5	The Tay to get
2. Participant's	Claim number and the nature of Particip	oant's Claim:		
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Gladys Lope Print Name	er Rosa			
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Cecilia	Torres	Podrigu	ier
Participant's Address:	P.O. Box	1516 B.	CI P	5 P.A. GO688
Participant's Email Address:	Cecypr	924@9	mail con	
Name of Counsel:				
Address of Counsel:		Sec. 1	2 24	
Email Address of Counsel:			# A	SOLL SOLL
2. Participant's (Claim number an	d the nature of P	'articipant's Clain	no S S S
Claim Number:	55629		250	37 3 40
Nature of Claim:	Public , E	mployees	Claims	Si O
By: (Luli pur	Hadingu	5		0 0
Signature Cecilia Torre Print Name	s Rodrigu	e2		
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CLERK'S OFFICE U.S.DISTRICT COUR SAN JUAN, P.F.

Office, 150

Stc. 150, San Juan, P.R. 00918-1767

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ecitia Torres Rodríquez

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	A.					
Participant's Name:	Noma	Iris 9	Bermud	2 Laun	eano	
Participant's Address:	RR 1	Box	2224	Cidra,	P.R. 00'	139
Participant's Email Address:	horma	aibermu	deza gr	mail con	mg E	
Name of Counsel:					- EB	
Address of Counsel:	+			195	水 二	
Email Address of Counsel:	121			v <u>1</u> 2	09	-
2. Participant's	Claim numb	per and the na	ature of Partic	ipant's Claim	•	
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Nature of Claim:	Cument	os de sa	larios im	ragus Vasc	s de la	escala
By: Signature	<u></u>			3		
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Print Name			*			
Title (if Participant is	not an indi	ividual)				
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Date	20-1					

Norma T. Bermider Lawre

RR 1 Box 2224

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Lerk's Defice, 150 ave. Carlos Chan San Juan R.R. DOT18-17167

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Herminio Eliciano Baez
Participant's Address: HC 5 Box 7641 Yauco, PR, 00698-97
Participant's Email Address: hermines feliciano 264 a gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 32979
Nature of Claim: General Unsecured
By: Harring the By
Signature 5
Print Name
Wish & CO
Title (if Participant is not an individual)
Date 08/20/2021
Instructions for Filing Notice of Participation: If you are represented by counsel this Notice

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Case:17-03283-LTS Doc#:18027-1 Filed:09/03/21 Entered:09/03/21 12:13:13 Desc: Pro se Notices of Participation Page 39 of 46

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Daniela Ortiz Torres
Participant's Address: Bot 818 Villalba, P.R. 00766
Participant's Email Address: danielgoriztories 7@ 9 mail Com.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 89508 E. T. A. L.
Nature of Claim: Unpaid wages by the Government of P.R
By: Daniela Ort Forces
Signature
Daniela Ordiz Torves
Print Name
Title (if Participant is not an individual)
August 13th 2021
Date 9

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25 AUG 2021 PM 1 SAN JUAN PR

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO

In re:

PROMESA

THE FINANCIAL OVERSIGHT AND MANAGEMENT BOARD FOR PUERTO RICO, Title III

as representative of

No. 17 BK 3283-LTS

THE COMMONWEALTH OF PUERTO RICO

(Jointly Administered)

et al.,

Debtors.3



If this Notice is filed on or before August 15, 2021, you may be granted access to documents in the Plan Depository, where information and documents concerning the Plan are kept, and you will also be able to serve your own discovery requests. If you file this Notice after August 15, 2021, but on or before October 19, 2021, you may be granted access to documents in the Plan Depository, but you will not be able to serve your own discovery requests. Please note that access to the information in the Plan Depository may also require complying with the Debtors' access requirements. If this Notice is filed after October 19, 2021, you will not be permitted to participate in discovery. If you do not file this Notice, you will still be able to vote on the Plan, if you are otherwise qualified to vote.

The party identified below (the "Participant") hereby advises the Debtors that it intends to participate in discovery in connection with confirmation of the Debtors' proposed Plan.

The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (the "Commonwealth") (Bankruptcy Case No. 17-BK-3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17-BK-3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17-BK-3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17-BK-3566-LTS) (Last Four Digits of Federal Tax ID: 9686); (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17-BK-4780-LTS) (Last Four Digits of Federal Tax ID: 3747); and (vi) Puerto Rico Public Buildings Authority ("PBA") (Bankruptcy Case No. 19-BK-5523-LTS) (Last Four Digits of Federal Tax ID: 3801) (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Bernardo J. Díaz Ocasio Participant's Name: 13 Urb. Tanang Arecibo PR 00612 Participant's Address: Participant's Email Address: bernardojdiaz 75 @qmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: BK 3283-LTS Claim Number: Intention to participate in discovery in connection with confirmation of the Plan Depository Nature of Claim: By: Bernardo J. Díaz Ocasio Title (if Participant is not an individual) gust 29, 2021

Bernardo J. Díaz Dousid Pro se Notices of Participation Page 43 of 46

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Arecibo PR 00612



United States District Court Clerks Office 150 Ave. Carlos Chardon Ste150 San Juan PR 00918-1767



Participant must provide all of the information below in English:

 Participant's conta 	ict information, in	cluding email ac	ldress, and tha	it of its counsel,
if any:	1 0 0		0	
Participant's Name:	folanda	Dove	Tine	rk A
Participant's Address:	Valle a	erifa He	ights	\$ E
Participant's Email Address:	Por Box	395 00	989-29	57 50
Name of Counsel:			7	v E
Address of Counsel:				9
Email Address of Counsel:				
2. Participant's Clair	n number and the	nature of Partici	pant's Claim:	
Claim Number:				N F
Nature of Claim:		117		
By: Jolanda	Janac P.	mar e		
Signature	2			
Yolo-Nda Isa	eac Pine	70		
Print Name				
Title (if Participant is not	an individual)			
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Office 1150 Ave. Carlos Chardi San Juan P. R. DO918-1767.

